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## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

☐ Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

			_			
Attorney Docket Number		506-001				
First Named Inventor		Lisa Lofaro				
COMPL	ETE IF	KNOWN				
Application Number		/TBA				
Filing Date	May	y 24, 2001				
Group Art Unit	TBA	4				
Examiner Name	TBA	4				

	As a below named inventor, I hereby declare that:									
	My residence, mailing address, and citizenship are as stated below next to my name.									
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	CARRIER DEVICE FOR TRANSPORTING OBJECTS IN VEHICLES									
	the specification of which	(7	Title of the Invention)							
	ine specification of which									
	OR		as United	States Application	Number or PCT International					
	was filed on (MM/DD/YYYY)									
	Application Number	and was a	mended on (MM/DD/Y	YYY)	(if applicable).					
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
	Prior Foreign Application Number(s)	e Priority Not Claimed	Certified Copy Attached? YES NO							
	ramocitor	Country	(MM/DD/YYYY)	Not Oldinicu	TES NO					
_										
☐ Additional foreign application numbers are listed on a supplemental priority data sheef PTO/SB/02B attached hereto:										
Thereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date										
	Application Number(s)	Filing Date	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.					

[Page 1 of 2]
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Given Name (first and middle [if any]) Lisa				1	y Name Lofaro mame			
Inventor's Signature (250, Color) Date (2.21.01								
Residence: City League City			State TX		Country U.S.A.	Citizenship U.S.A.		
Mailing Address 123 Coral Bay	Drive							
Mailing Address								
City League City	State TX	¥**C=*************************		ZIP	77573	Country U.S.A.		
NAME OF SECOND INVENTOR	:			A pet	ition has been fil	ed for this unsigned inventor		
Given Name  Family Name  (first and middle [if any])  or Sumame								
Inventor's Signature Date								
Residence: City State				· Country	Citizenship			
Wailing Address								
Mailing Address								
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Additional inventors are being a render	in thee	supplemen	al Addition	al Inve	ntor(s) simpl(s) PTC			

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	ТВА
Filing Date	May 24, 2001
First Named Inventor	Lisa Lofaro
Group Art Unit	TBA
Examiner Name	ТВА
Attorney Docket Number	506-001

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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
SIGNATURE of Applicant or Assignee of Record										
Name	Name Lisa Lofaro									
Signature	, 'S	a logero								
Date										
NOTE: Signatures of all forms if more than one s		tors or assignees of record of the entire int	srest or the	r representative(s)	are required. Submit m	nultiple				
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